

**Change of Address**

447-7 (Rev.05/2003)

Department of Insurance  
320 Capitol Mall  
Sacramento, CA 95814  
(800) 967-9331 or (916) 322-3555

**CHANGE OF ADDRESS**

This form cannot be submitted electronically. Please complete form and return by mail or fax to (916) 327-6907.

Every licensee is required to immediately notify the Department of Insurance, in writing, of any change in address. Form must be completed and signed by the LICENSEE.

If organization or partnership, address change must be completed in organization name and signed by an officer/partner.

Do not indicate "same".

License number:  or Social Security or Federal  
Employment Identification No.

PRINT LICENSEE'S FULL NAME (As shown on license):

LAST:		
FIRST:	MIDDLE:	

BUSINESS: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

MAILING: (Street address or P.O. Box)

Number/Street:		Apt./Suite
City	State	Zip

RESIDENCE: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

**SIGNATURE:** (If organization -- An Officer or general partner must sign.)

<b>X</b>	Date:
Title:	
Business Phone: (     )	Residence Phone: (     )
E-mail address:	